DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

HEALTH RESOURCES DIVISION

**APR-DRG Claim Processing
and Editing Guide
August 2008**

Inpatient UB

Medicaid Only
Required Fields are Highlighted

1 Best Ever Hospital 104 Time Square Helena, MT 59601-0104		2		3a PAT. CNTL # 4806		4 TYPE OF BILL 111
				b. MED. REC. # Grisw97531		
		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 122807 THROUGH 123007		7 9912345

8 PATIENT NAME	a Griswold, Ellen	9 PATIENT ADDRESS	a 1313 Mockingbird Lane. Metropolis. MT 59601-1313			
b		b		c	d	e

| 10 BIRTHDATE 03/26/76 | 11 SEX F | 12 DATE 122807 | ADMISSION 13 HR 20 | 14 TYPE 4 | 15 SRC 1 | 16 DHR | 17 STAT 01 | 18 | 19 | 20 | 21 | CONDITION CODES 22 23 24 25 26 27 28 | | | | | | 29 ACDT STATE | 30 |

31 OCCURRENCE CODE DATE	32 OCCURRENCE CODE DATE	33 OCCURRENCE CODE DATE	34 OCCURRENCE CODE DATE	35 OCCURRENCE SPAN CODE FROM THROUGH	36 OCCURRENCE SPAN CODE FROM THROUGH	37

38 Griswold, Ellen 1313 Mockingbird Lane Metropolis, MT 59601-1313		39 CODE VALUE CODES AMOUNT a b c d	40 CODE VALUE CODES AMOUNT	41 CODE VALUE CODES AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
171	Nursery/Newborn Level I			2	1198 00		1
270	Gen Class Med/Surg Supplies			1	13 00		2
301	Chemistry			4	65 50		3
	PAGE ___ OF ___		CREATION DATE 022208	TOTALS ➡	1276 50		23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI 1876543210	
A Medicaid						57 OTHER PRV ID	A
B							B
C							C

58 INSURED'S NAME	59 P.REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.	
A Griswold, Ellen		123456789			A
B					B
C					C

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
			A
			B
			C

66 DX V30 00	1	774 6	W	V05 3	1						68

69 ADMIT DX V30 00	70 PATIENT REASON DX			71 PPS CODE	72 ECI		73	

74 PRINCIPAL PROCEDURE CODE DATE 99 55 122907	a. OTHER PROCEDURE CODE DATE	b. OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI 1234657890 QUAL LAST Munster FIRST Herman
c. OTHER PROCEDURE CODE DATE	d. OTHER PROCEDURE CODE DATE	e. OTHER PROCEDURE CODE DATE		77 OPERATING NPI QUAL LAST FIRST

80 REMARKS	81CC a B3 282N0000X b c d	78 OTHER NPI QUAL LAST FIRST
		79 OTHER NPI QUAL LAST FIRST

UB-04 CMS-1450
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OMB APPROVAL PENDING

NUBC™ National Uniform Billing Committee LIC9213257

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Fill Colors (shaded areas are slightly darker):
Required Fields
Conditional Fields
Other

Border Colors
Client Fields
Provider Fields
Billing Fields

Required Fields Inpatient Claim

- FL1 – Provider name and address
- FL4 – Bill type
- FL6 – Statement covers period
- FL7 – Required if PASSPORT or Co-pay override indicator necessary
- FL8b – Patient's name
- FL12-15 – Admission information
- FL17 – Patient status
- FL42 – Revenue codes
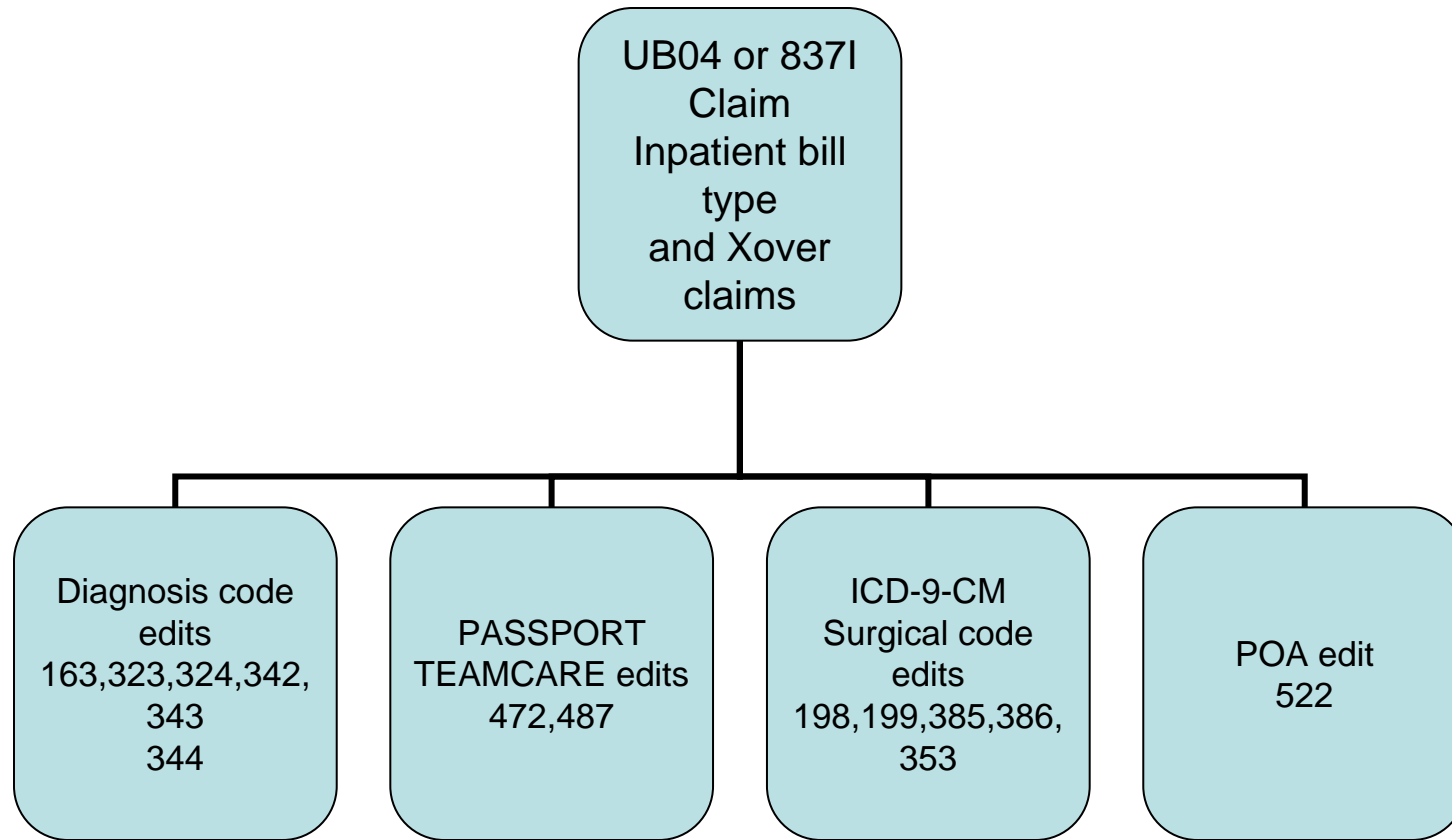- FL46 – Service units
- FL47 – Charges
- Line 23 – Creation Date

More Required Fields

- FL50 – Payer name
- FL 54 – Prior payments
- FL56 – NPI number
- FL58 – Insured's name
- FL60 – Insured's ID
- FL63 – Required if PA is necessary
- FL67A-Q Diagnosis and POA
- FL74a-e – ICD-9-CM Surgical procedure codes and dates if applicable
- FL76 – Attending Provider and Attending's NPI
- FL81cc - Taxonomy

Optional Fields

- FL3a – Control number
- FL 18-28 Condition codes (applicable to A4 and B3)
- FL31-36 – Occurrence codes
- FL39-41 – Value codes
- FL43 – Revenue code descriptions
- FL73 – Cost share indicator
- FL77-79 – Operating and other providers

Claim Process

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                    ┌─────────────────────┐
                    │  UB04 or 837I        │
                    │  Claim               │
                    │  Inpatient bill      │
                    │  type                │
                    │  and Xover           │
                    │  claims              │
                    └─────────────────────┘
                               │
        ┌──────────────┬───────┴───────┬──────────────┐
┌──────────────┐ ┌──────────────┐ ┌──────────────┐ ┌──────────────┐
│ Diagnosis    │ │              │ │ ICD-9-CM     │ │              │
│ code         │ │ PASSPORT     │ │ Surgical     │ │ POA edit     │
│ edits        │ │ TEAMCARE     │ │ code         │ │ 522          │
│ 163,323,324, │ │ edits        │ │ edits        │ │              │
│ 342,343      │ │ 472,487      │ │ 198,199,385, │ │              │
│ 344          │ │              │ │ 386,353      │ │              │
└──────────────┘ └──────────────┘ └──────────────┘ └──────────────┘
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Diagnosis Edits

- Diagnosis Code Edits
  - 163-Diagnosis not present
    - Reason code 21-Remark code MM81This diagnosis is invalid
  - 323-Diagnosis age mismatch
    - Reason code 9-Diagnosis is not consistent with the patient's age
  - 324-Diagnosis not allowed for client's sex
    - Reason code 10-Diagnosis is inconsistent with the patient's gender
  - 342-Diagnosis requires medical review
    - Reason code 125-Remark code N10-claim adjusted based on findings of a review organization
  - 343-Diagnosis non-covered
    - Reason code 167-this diagnosis is not covered
  - 344-Diagnosis not on file
    - Reason code 15—Remark code M81-this diagnosis is missing or invalid

PASSPORT and TEAMCARE

- PASSPORT/TEAMCARE Edits
  - ➢472-PASSPORT number missing/invalid
    - Reason code 15-Remark code M68-missing/incomplete/invalid attending or referring physician identification
  - ➢487-TEAMCARE requirement not met
    - Reason code 15-Remark code M68-missing/incomplete/invalid attending or referring physician identification

ICD-9-CM Surgical Codes

- ICD-9-CM surgical code edits
  - 198-surgical code present, no surgical date
    - Reason code 16-Remark code MA66-missing/incomplete/invalid principal procedure code or date
  - 199-surgical procedure missing, date present
    - Reason code 16-Remark code N65-procedure code cannot be determined or was not on file
  - 385-primary surgical procedure not valid
    - Reason code B18-Remark code MA66- missing/incomplete/invalid principal procedure code or date
  - 386-secondary surgical procedure not valid
    - Reason code B18-Remark code MA67- missing/incomplete/invalid other procedure code or date
  - 353-procedure requires PA
    - Reason code 62-payment denied for absence of or exceeded PA

POA Indicator

- Report on 837I Loop 2300
- The POA indicator is reported on the paper UB04 in the eighth digit (shaded area) of FL67 for the principal diagnosis and in the eight digit (shaded area) of FL67A-Q for each secondary diagnosis
- Your claim will deny after October 1, 2008 if there is not a valid POA indicator for each diagnosis

POA Valid Values

- Codes and definitions
- Y = Present at the time of inpatient admission
- N = Not present at the time of inpatient admission
- U = Documentation is insufficient to determine if
- condition is present on admission
- W = Provider is unable to clinically determine whether condition was present on admission
- 1 = Exempt from reporting

Group Using APR-DRG

Unable to Group
edit 520

PA required
edit 460,461,463,464,466,471, 473

POA and Ungroupable Edits

- POA
  - ➢ 522-present on admission indicator is missing or invalid
    - Reason code D18-Remark code N434-missing/incomplete/invalid POA

- Unable to Group
  - ➢520-ungroupable-DRG is 955 or 956
    - Reason code A8-claim denied ungroupable DRG

Prior Authorization Edits

- PA Edits
  - 460-PA missing or invalid
    - Reason code 62-Remark code M62-Missing/incomplete/invalid treatment authorization code
  - 461-PA pending
    - Reason code 62-payment denied for absence of or exceeded authorization
  - 463-Client ID does not match PA
    - Reason code 15-Remark code N54-claim information is inconsistent with precertification/authorized services
  - 464-Provider ID does not match PA
    - Reason code 15-submitted authorization number is missing, invalid or does not apply to the provider
  - 466-Units billed exceed number of units authorize
    - Reason code 62-Remark code N54-Claim information is inconsistent with precertification/authorized services
  - 471-PA denied
    - Reason code 39-services denied at the time authorization was requested
  - 473-PA used
    - Reason code 62- payment denied for absence of or exceeded authorization

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┌─────────────────────────────┐
│                             │
│      Interim Claims         │
│                             │
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              │
┌─────────────────────────────┐
│                             │
│    Bill type 114 or 115     │
│         Edit 523            │
│                             │
└─────────────────────────────┘
              │
              │
┌─────────────────────────────┐
│                             │
│  Claim less than 30 days    │
│         Edit 524            │
│                             │
└─────────────────────────────┘
              │
              │
        ┌─────────────────────────────────┐
        │                                 │
        │  Interim PA missing or invalid  │
        │            Edit 525             │
        │                                 │
        └─────────────────────────────────┘
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Interim Claims

- **Interim Claims**
  - ➢ Bill type 114 or 115 – edit 523- invalid frequency on interim claim
    - Reason code 16-Remark code MA30-Missing/incomplete/invalid type of bill
  - ➢ Claim less than 30 days – edit 524 –interim claim LOS <30 days
    - Reason code 16-Remark code MA59-missing/incomplete/invalid "to" date of service
  - ➢ Interim PA missing/or invalid – edit 525 – PA missing for interim claim
    - Reason code 62-Remark code MA62-Missing/incomplete/invalid treatment authorization code

Other Edits

- Claims will still be subject to the usual edits
  - ➤ Invalid recipient number
  - ➤ Invalid NPI and/or taxonomy
  - ➤ From and To date LOS doesn't match units on bed revenue codes
  - ➤ Invalid Bill Type
  - ➤ Duplicate claim
  - ➤ Timely filing

Key Contacts After Oct 1st

- **ACS, Inc. Provider Relations; (800) 624-3958 in-state/out of state; (406) 442-1837 Helena;** mtprhelpdesk@acs-inc.com

- **Kathi Salome, Claims Resolution Specialist; (406) 444-7002;** ksalome@mt.gov

- **Bob Wallace, Hospital Program Officer; (406) 444-7018;** bwallace@mt.gov

- **Mary Patrick RN, Case Management; (406) 444-0061** mpatrick@mt.gov

- **MPQHF, Prior Authorization, Transplant & Utilization Review; (800) 262-1545 X5850** In and out of state **(406) 443-4020 X5850** Helena